

APPENDIX A

AQIP APPLICATION

California Environmental Protection Agency

 **Air Resources Board**

AQIP APPLICATION

Please print clearly or type all information on this application.

1. AQIP Project: Click here to enter text.		
2. Company Name/Air District/Organization Name/Individual Name: Click here to enter text.		
3. Business Type: Click here to enter text.		
4. Contact Name and Title: Click here to enter text.		
5. Person with Contract Signing Authority (if different from above)/Air Pollution Control Officer (APCO): Click here to enter text.		
6. Mailing Address and Contact Information:		
Street: Click here to enter text.		
City: Click here to enter text.	State: Click here to enter text.	Zip Code: Click here to enter text.
Phone: (XXX) XXX-XXX		Fax: (XXX) XXX-XXX
Email: Click here to enter text.		
<input type="checkbox"/> I have read and understood the terms and conditions of the Sample Grant Agreement.		

I hereby certify under penalty of perjury that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party or APCO: Click here to enter text.	Title: Click here to enter text.
Signature of Responsible Party or APCO:	Date:

Third Party Certification (if applicable)

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party: Click here to enter text.	Title: Click here to enter text.
Signature of Third Party:	Date:
Amount Being Paid for Application Completion in Whole or Part: Click here to enter text.	Source of Funding to Third Party: Click here to enter text.

Attachment 1: APPLICANT QUALIFICATIONS

1. Qualifications Narrative: Please provide an attachment describing your experience/expertise developing, implementing, or administering similar incentive projects and working with or outreaching to vehicle purchasers and lessees, vehicle manufacturers, vendors, and other stakeholders, and identify how this background will enable you to efficiently and effectively implement the Hybrid and Zero-Emission Truck and Bus Voucher Incentive Project (HVIP). This narrative should not exceed two pages.
2. Staff Information: Include information for each staff member to be involved in developing, implementing, or administering HVIP. Clearly identify staff proposed for day-to-day project implementation. Attach resumes.

Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	

If more room is needed, this page may be copied or recreated.

3. Subcontractor Information: Applicants may partner with other entities. Responsibility for deliverables lies with the primary applicant. Provide the names and information for any and all subcontractors and partners. Attach resumes and letters of commitment.

Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	

If more room is needed, this page may be copied or recreated.

Attachment 2: PROPOSED BUDGET

Please provide your proposed budget for completing the tasks of the HVIP Grantee, consistent with the Sample Implementation Manual for the Fiscal Year 2013-14 Hybrid and Zero-Emission Truck and Bus Voucher Incentive Project (Sample Implementation Manual), the Air Quality Improvement Program (AQIP) HVIP Sample Grant Agreement (Sample Grant Agreement), your Project Implementation Plan, and the requirements of the project solicitation. Your budget must include all estimated labor and material costs associated with managing the project, the total project administrative funds requested, and a description of any applicable commitments for in-kind services and match funding. The total administrative and outreach costs ARB shall reimburse to the Grantee for outreach and administration of the HVIP shall not exceed 6.5% of total project funding. Applicants may use the Sample Proposed Budget (on Page A-4) to summarize their proposed budget.

In-kind services refer to resources or services contributed by the Grantee to manage the project but not charged to HVIP. Please be as specific as possible when describing in-kind services (i.e. itemize staff time, infrastructure, or other costs that are being committed). In-kind services provided in the form of outreach efforts must be appropriate for a statewide voucher or testing program. In-kind services committed in this application must be documented by the Grantee in the HVIP Final Report (See Section G(2) of the Sample Grant Agreement). In-kind services do not include services already committed to another project (such as a similar federally-funded project).

Match funding refers to funds contributed by the Grantee to HVIP to fund additional eligible vehicles. Match funding does not include in-kind match (i.e. funding provided by the applicant for other similar incentive projects or programs). An applicant may propose that match funding be used to fund only vehicles in a specific region (such as a county or air district). The applicant must include a letter describing and authorizing any proposed match funding commitment as part of this application. (See Section D(9) of the Sample Grant Agreement for a more detailed description of Match Funding.) External projects or project elements, such as federally funded project, proposed as match must be central to the applicant proposal and be included in the proposed project budget.

2-1: Sample Proposed Budget

(Applicant may modify this sample budget to meet their specific needs. This page may also be edited, or deleted if not used)

<u>DIRECT LABOR</u>	<u>HOURS</u>	<u>RATE</u>	<u>TOTAL</u>	<u>IN-KIND MATCH</u>
Program Manager	_____ @	_____	_____	
Staff Assistant	_____ @	_____	_____	
Technician	_____ @	_____	_____	
Clerical	_____ @	_____	_____	
			\$ _____	\$ _____
SUBCONTRACTOR(S) COST ITEMIZED			\$ _____	\$ _____
INDIRECT COSTS (OVERHEAD AND FRINGE BENEFITS)				
Overhead Rate		_____	_____	
Fringe Benefits		_____	_____	
			\$ _____	\$ _____
DIRECT COSTS (EXCEPT LABOR)				
Travel Costs			_____	
Equipment and Supplies (Itemized)			_____	
Other Direct Costs (Itemized)			_____	
			\$ _____	\$ _____
			Total	Total
TOTAL COSTS			TOTAL \$ _____	
			APPLICANT MATCH \$ _____	

Attachment 3: PROJECT IMPLEMENTATION PLAN

Please provide your Project Implementation Plan for completing key tasks required of the HVIP Grantee as outlined in Exhibit A of the Sample Grant Agreement. The Project Implementation Plan should be no longer than six pages and contain a clear and concise description of how key tasks will be completed. In addition, include a timeline for project completion.

Be specific. Where applicable, applicants should provide examples of past experiences in successfully completing similar tasks.

Attachment 4: APPLICANT RESOURCES TO IMPLEMENT THE PROJECT

In no more than one page, please identify the staff, infrastructure, funding or other resources you have available and will utilize to effectively and efficiently implement HVIP.

Staff time, infrastructure, and/or administrative, outreach or other costs needed to implement the project should be detailed as part of your Proposed Budget. (See Attachment 2.)

Attachment 5: CONFLICT OF INTEREST DECLARATION

All applicants must disclose any Conflict of Interest with their ability to fulfill the duties of the HVIP Grantee. Summarize your organization's or any subcontractor's (as identified in Attachment 1 of this application) current, ongoing, or pending direct or indirect interest, which poses an actual, apparent, or potential conflict of interest with your ability to fulfill the duties of the HVIP Grantee. These may include but are not limited to financial arrangements with or interest in zero-emission and plug-in hybrid vehicle manufacturers, dealers, fleets, or related organizations. ARB may consider the nature and extent of any potential or apparent conflict of interest in evaluating, considering, or scoring the application and may disqualify the applicant at ARB's sole discretion.

Attachment 6: STD. 204 PAYEE DATA RECORD

Please fill out and submit as a part of this application the STD. 204 Payee Data Record:

<http://www.documents.dgs.ca.gov/osp/pdf/std204.pdf>